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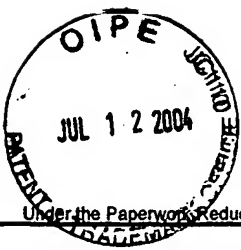
DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention	DIAGNOSIS AND TREATMENT OF MULTIPLE SULFATASE DEFICIENCY AND OTHER SULFATASE DEFICIENCIES
<p>As the below named inventor(s), I/we declare that:</p> <p>This declaration is directed to:</p> <p><input type="checkbox"/> The attached application, or</p> <p><input checked="" type="checkbox"/> Application No. <u>10/775,678</u>, filed on <u>February 10, 2004</u>,</p> <p><input type="checkbox"/> as amended on _____ (if applicable);</p> <p>I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;</p> <p>I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;</p> <p>I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.</p> <p>All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.</p>	

FULL NAME OF INVENTOR(S)	
Inventor one: <u>Kurt von Figura</u>	
Signature: <u>Kurt v. Figura</u>	Citizen of: <u>Germany</u>
Inventor two: <u>Bernhard Schmidt</u>	
Signature: <u>Bernhard Schmidt</u>	Citizen of: <u>Germany</u>
Inventor three: <u>Thomas Dierks</u>	
Signature: <u>Thomas Dierks</u>	Citizen of: <u>Germany</u>
Inventor four: <u>Michael W. Hearnein</u>	
Signature: <u>Michael W. Hearnein</u>	Citizen of: <u>United States</u>
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on <u>One (1)</u> additional form(s) attached hereto.	

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/01A (08-03)

Approved for use through 06/30/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)****Title of Invention** **DIAGNOSIS AND TREATMENT OF MULTIPLE SULFATASE DEFICIENCY AND OTHER
SULFATASE DEFICIENCIES**

As the below named inventor(s), I/we declare that:

This declaration is directed to:

☐

The attached application, or

☒Application No. 10/775,678, filed on February 10, 2004☐

as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

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FULL NAME OF INVENTOR(S)Inventor one: Maria Pia CosmaSignature: _____ Citizen of: ItalyInventor two: Andrea BallabioSignature: Andrea Ballabio Citizen of: Italy

Inventor three: _____

Signature: _____ Citizen of: _____

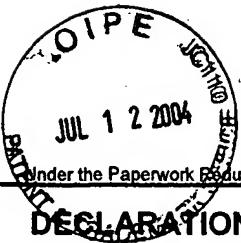
Inventor four: _____

Signature: _____ Citizen of: _____

☐ Additional inventors or a legal representative are being named on _____ additional form(s) attached hereto.

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FULL NAME OF INVENTOR(S)Inventor one: Maria Pia CosmaSignature: [Signature] Citizen of: ItalyInventor two: Andrea BallabioSignature: _____ Citizen of: Italy

Inventor three: _____

Signature: _____ Citizen of: _____

Inventor four: _____

Signature: _____ Citizen of: _____

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